

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Jonathan C. Davidson Name of Traveler:
Employing Office/Committee:
The Pew Charitable Trusts Private Sponsor(s) (List all):
September 15-17, 2017 Travel Date(s):
RE-1 Form; Amended RE-2 Form Description/Title of Attached Forms:
·
Post-travel submission Purpose of Amendment (describe the reason for amending original submission):
must be amended with the Office of Public Records in SH-232.
•

10/16/17
(Date)

(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

RECEIVED

				ELLIC RECORDS
_	•	e this form within 30 da blic Records in 232 Har	•	7 SEP 22 PM 4: 00
n compliance with Ruse reimbursed/paid for	* *	_	sures with respect to t	ravel expenses that have been or wi
	•	orization (Form RE-1), <u>A</u> ertification Form with all		, invitee list, etc.)
rivate Sponsor(s) (list	tall):Pen	1. Charitab	le Toust	<u> </u>
ravel date(s):	Sept	ember 15	-17,2	017
lame of accompanying elationship to Travele	g family member (if a er: D Spouse D	any):	ie	
	COSTS IN EMPLOYEE	REASE DUE TO THE ACC		E OR DEPENDENT CHILD, ONLY
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
Cood Faith Estimate Actual Amount	n/ai	82-86.00	8 128.00	
xpenses for Accomp	panying Spouse or D	ependent Child (if applic	able):	
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☐ Actual Amount				-
Provide a description necessary.):	· ·	vents attended. See Senat		ttach additional pages if
molule		uptons of a	l) neeth	The state of the s
122/17	Jonath	and C DAV 1DSA	<u></u>	1-Oh
(Date)	(Printed	name of traveler)	0	(Signature of traveler)
TO BE COMPLETE	D BY SUPERVISING	G MEMBER/OFFICER:		

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 3.

9/22/17-(Date)

(Signature of Supervising Senator/Officer)

00000000

vi,

00000000000

(Revised 10/19/15)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

EIRIC ROSE FETTON SET

Name of Traveler:	Jonathan C. Davidson				
Employing Office/Committee:	ing Office/Committee: Senator Michael Bennet				
Private Sponsor(s) (list all): Pew					
Travel date(s): Sept. 15-17, 2017 Note: If you plan to extend the tr	ip for any reason you <u>must</u> notify the Committee.				
Destination(s): Richmond, VA					
Explain how this trip is specifically conn	ected to the traveler's official or representational duties:				
Agenda at the conference and rebuilding consensus toward legis	elationships help us learn about managing Senate offices and lative accomplishments.				
Name of accompanying family member of Relationship to Employee: \times Spouse I certify that the information contained in $S/2/2017$	(if any): Erin W. Sheehy Child this form is true, complete and correct to the best of my knowledge:				
(Date)	(Signature of Employee)				
TO BE COMPLETED BY SUPERVISING Secretary for the	SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Minority, and Chaplain):				
I, Senator Michael Benne (Print Senator's/Officer's Name)	nereby authorize				
related expenses for travel to the event de	n, to accept payment or reimbursement for necessary transportation, lodging, and escribed above. I have determined that this travel is in connection with his or her holder, and will not create the appearance that he or she is using public office for				
I have also determined that the attendance of the Senate. (signify "yes" by checking be	ce of the employee's spouse or child is appropriate to assist in the representation ox				

(Signature of Supervising Senator/Officer)

Form RE-1

4.000

The second secon

-E-103-1-3-

٦.